



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
Division of Commercial Licensing and Racing and Athletics
233 Richmond Street
Providence, RI 02903 – 4230
Telephone No. (401) 222-6541
www.dbr.state.ri.us

FAX (401) 222-6131
TDD: 711

**APPLICATION FOR LICENSE TO CONDUCT
KICKBOXING, MATCHES OR EXHIBITIONS**

DATE FILED:_____

A fee of \$ 125.00 dollars must accompany this application.

Date of proposed event:_____Time:_____

Location of proposed event:_____

Name of Organization or person promoting event:_____

Address:_____

Telephone:_____

Name of person serving as contact / compliance officer in direct contact with the
Department of Business personnel during the event:_____

Address:_____

Telephone:_____

Is organization incorporation? YES___ NO___. If yes, date of incorporation:_____

Names/Address/Telephone number of officers or organization:

President_____DOB_____

_____TEL_____

(OVER)

Vice-President_____DOB_____

_____TEL_____

Treasurer_____DOB_____

_____TEL_____

Secretary_____DOB_____

_____TEL_____

Name / Address/Telephone number of person responsible for payment to the State
Treasurer of the five (5%) of total gross receipts:

Name_____DOB_____

_____TEL_____

Name/Address/Telephone number of Matchmaker, if any:

Name_____DOB_____

Name/Address/Telephone number of Facility to be used for event:_____

_____TEL_____

CONTACT PERSON_____TEL_____

If Pyrotechnics are to be used, provide the Name/Address/Telephone number of the
organization or person applying for the permit to conduct the fireworks display:

_____TEL_____

Include copy of permit signed by the appropriate State Fire Marshal authorizing the
display.

Name/Address/Telephone number of Building official who authorized use of the facility

_____TEL_____

Signature of Building official_____

TEL _____

Signature of Fire official_____

If yes, list States: _____

YES_____NO_____If yes, provide details:_____

So, list place, date, criminal charge(s) and disposition:_____

On this ____ day of _____ 20__ Personally appeared the above-named applicant and make oath that statements and answers in this application are true.

Before me _____ Notary Public
REVISED 6/06